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|--|----------------------|------------------------|-----------|
| TRANSMITTAL FORM | Application Number | 10/085,694 | |
| | Filing Date | February 28, 2002 | |
| | First Named Inventor | Gary J. Kovar | |
| | Group Art Unit | 2826 | |
| | Examiner Name | Leonardo Andujar | |
| Total Number of Pages in this Submission | 13 | Attorney Docket Number | SC11763TK |

| ENCLOSURES | | (check all that apply) |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-Related papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter with appropriate copies |
| <input type="checkbox"/> Extension of time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Response to Restriction Requirement |
| <input checked="" type="checkbox"/> Information Disclosure Statement, PTO /SB/08 & Reference BC | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Associate Power of Attorney |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> CD, Number of CDs | <input checked="" type="checkbox"/> Return Postal Card |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|----------------|------------------|--------|
| Firm or Individual | Joanna G. Chiu | Registration No. | 43,629 |
| Signature | | | |
| Date | 12/5/03 | | |

| CERTIFICATE OF MAILING | | | |
|---|------------|------|---------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 or facsimile transmitted on the date listed below: | | | |
| Typed or printed name | Pat Thomas | | |
| Signature | | Date | 12-5-03 |